

Agenda Item	9.
Report No	CPPB/27/24



**Highland**  
Community  
Planning  
Partnership

Com-pàirteachas  
Dealbhadh  
Coimhearsnachd  
**na Gàidhealtachd**

## Highland Community Planning Partnership Board – 4 December 2024

### Developing the Care for People Response

Report by: Jen Valentine

#### Summary

This paper outlines the proposed structures for Care for People in Highland, recognising the overlaps with the Local Resilience Partnership and Community Planning Partnership's roles and responsibilities.

#### 1. Background

1.1 The Care for People workstream aims to plan for and deliver activities that meet the practical and emotional needs that emerge when people's lives are impacted by an emergency. The type of support available varies from incident to incident and changes over time, but all of it is designed to address the needs of those affected. The work is supported by national guidance [Care for people affected by emergencies](#), [Responding to the Psychosocial and Mental Health Needs of People Affected by Emergencies](#) and is one of the driving activities of most emergency responses.

- a. Under the Lead Agency arrangement, NHS Highland (NHS) is responsible for leading and co-ordinating the Care for People (CfP) response to a major incident within the Highland Council area. This is delivered through eight geographically based, multi-agency CfP teams, each of which is led by an NHS District Manager. The teams are: Badenoch, Caithness, Inverness, Lochaber, Nairn, Ross and Cromarty, Skye and Lochalsh, Sutherland. Whilst the lead sits with NHS for co-ordination, all partners are responsible for supporting a Care for People response.
- b. At present, the governance and oversight for Care for People sits solely within the Emergency Planning environment – reporting to local Emergency Liaison Groups and ultimately the Local Resilience Partnership, even once the initial emergency response has concluded. Learning from the Covid-19 pandemic

and the winter storms of 2021/22 ([Annex 1](#)), along with the most recent national Civil Contingencies Risk Assessment has highlighted how the approach to Care for People (CfP) in the Highland area of the Highland and Islands Local Resilience Partnership (HI LRP) footprint can be improved.

- c. A small working group has been reviewing the current Care for People arrangements considering the learning identified and this paper proposes a new approach for Care for People in Highland to recognise the ongoing nature of the Care for People response.
- d. The proposed approach will build on the existing CfP capabilities (ability to identify and provide support to those who have existing health and social care needs; provision of emergency support through community sites) by:
  - i. enabling the development of local, risk informed response plans
  - ii. supporting the development of longer-term community support activities
  - iii. embedding resilience into the wider place-based community planning agenda.

## **2. Care for People Response and Approach**

### **2.1**

- a. The role of the CfP Teams is to deal with all issues related to the care for people affected by an emergency within their local area and the decision to activate this aspect of a response is made by the Chair of the sitting Resilience Partnership (RP). The RP could be convened at a local level (Emergency Liaison Group), pan Highland (Highland Resilience Partnership/Highland and Islands Resilience Partnership) or regional (North of Scotland Resilience Partnership). In both the planning and response phases the CfP team is chaired by the relevant NHS District Manager, and the membership is determined by the scale of the response, the individual circumstances, and specific requirements of the incident. However, it will usually include the colleagues from Highland Council (Senior Ward Manager, Housing Manager, Children's Services), British Red Cross, Police Scotland, and Scottish Fire Rescue Service.
- b. Historically much of this work has centred on the ability to deliver and maintain emergency assistance centres, but recent events and the latest round of risk assessments have identified areas for development.
- c. In April 2024 the North of Scotland Resilience Partnership published their Risk Preparedness Assessments (RPA). An overview of the RPA risks, their impact and likelihood can be found at [annex 3](#). The matrix below which supports the RPA demonstrates that within an emergency context, a care for people response is likely to be required for most emergency incidents.

## RPA Consequences

	1	2	3	4	5	6	7	8	9	10	11	12
Risk Rating	Human Fatalities Ext.	Human Fatalities Int	Human Casualties Ext.	Human Casualties Int.	Care for People	Loss of staff	Damage to Property	Disruption to Transport	Disruption to Finance	Disruption to Comms	Contamination	Dis/Deat Animal/Plant
<b>Environmental</b>												
2.01 Coastal Flooding	M				✓	✓	✓	✓	✓	✓	✓	✓
2.02 Fluvial Flooding	M				✓	✓	✓	✓	✓	✓	✓	✓
2.03 Surface Water Flooding	H				✓	✓	✓	✓	✓	✓	✓	✓
2.04 Drought	M				✓		✓		✓		✓	✓
2.05 Heatwave	M	✓		✓	✓	✓		✓	✓		✓	✓
2.06 Cold and Snow	VH	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
2.07 Storms and Gales	H	✓		✓	✓	✓	✓	✓	✓	✓		✓
2.08 Landslide	M						✓	✓	✓	✓		
<b>People and Animal Health</b>												
2.09 Pandemic/Influenza Type Disease	VH	✓		✓	✓	✓		✓	✓			
2.10 Emerging Infectious Diseases	H	✓		✓	✓	✓	✓	✓	✓			
2.11 Animal Disease - African Swine Fever	H							✓				✓
2.12 Wildfire	M		✓		✓		✓	✓	✓	✓	✓	✓
2.13 Food Supply Contamination	H		✓		✓				✓		✓	✓
<b>Accident and System Failure</b>												
2.14 Reservoir Dam Collapse	M		✓		✓		✓	✓	✓	✓	✓	✓
R64 Large Toxic Chemical Release	M			✓	✓		✓	✓	✓		✓	✓
2.15 NETS Failure	H		✓		✓	✓	✓	✓	✓	✓		
<b>Terrorism</b>												
R19 Marauding Terrorist Attack	VH	✓		✓	✓		✓	✓				
<b>Cyber</b>												
R30 Cyber Attack	L				✓	✓		✓	✓	✓		
NSRA cyber risks information	H				✓	✓		✓	✓	✓		

- d. However, the learning outlined in [annex 1](#), from Covid-19 and from practitioner experience, would suggest that following the initial emergency response, a longer-term community support response is required within communities. This reflects that depending upon the nature of an incident, longer term supports are required for communities that can include mental health and wellbeing/financial/welfare supports. The learning from the response to Covid impacts clearly demonstrates the ongoing nature of response to support communities. These longer-term strands closely align to the broader partnership work that is led by the Community Planning Partnership strategically and locally. Given the alignment between the care for people response and ongoing community planning work, it is recommended that stronger links are made to ensure the oversight and governance for longer term care for people work sits within the parameters of the Community Planning Partnership. It is within this context that the following recommendations are made.

### 3. Recommendations

- 3.1 a. Following the 2021 winter storms and to support emerging learning from the Covid-19 response, a small group convened to consider the current Highland CfP (HcfP) arrangements: the group was led by Highland Council and supported by NHS Highland and the following recommendations developed.
- b. Key partnership groups have been consulted on this revised approach to care for people including existing Strategic Care for People, LRP Working Group, Senior CPP Officers Group and staff groups including NHS District Managers and Council Ward Managers. As the recommendations also impact on other multi-agency groups, this

report has been submitted to the Highland and Islands Local Resilience Partnership and Highland Community Planning Partnership for agreement on the proposed way forward.

- c. The proposals are
- i. A renewed approach to Care for People planning that considers and increases its connectivity with place-based and community-based risks.
  - ii. Following an emergency response to an incident, Care for People teams will work alongside and inform their local Community Planning Partnership as part of any ongoing response in order to increase local resilience and their ability to support people affected by an incident.
  - iii. Where required, Care for People teams will support the development of a post incident Community Impact Assessment and inform the development of subsequent activities
  - iv. Membership of the Highland Care for People team has been reviewed and can be found in [annex 2](#), noting that it will act as the strategic lead for Care for People planning in support of the H&I LRP.
  - v. The Highland Care for People group informs the work of the Highland Community Planning Board, the Public Protection Chief Officers Group, and the Highland Outcome Improvement Plan Chief Officers Group. This will be done by submitting reports and through common membership.
  - vi. The Terms of Reference ([Annex 2](#)) for the Highland Care for People Group has been revised to reflect this change in approach.

### **Recommendation**

The proposals have been approved by the Highlands and Islands Local Resilience Partnership and are now recommended to this board. The proposals are complimentary to the work being taken within the Community Safety and Resilience Delivery Group, to better align traditional resilience and the work undertaken by the CPP.

The Board is asked to:

- i) Consider and approve the proposals as outlined in 3.1

**Author: Kate Cochrane (NHSH) and Alison Clark (THC)**

**Date: 31/08/24**

**Appendices:**

**[Annex 1 – Debrief Report](#)**

**[Annex 2 – Highland Care for People, TOR, Membership etc.](#)**

**[Annex 3 – North of Scotland Risk Preparedness Assessment](#)**

## [Annex 1 - Highlands and Islands Local Resilience Partnership Storm Malik/Corrie Debrief Report](#)

### Background

Storms Malik and Corrie brought damaging north-westerly winds to northern Scotland and north-east England during. Storm Malik brought widespread wind gusts of over 69mph and was one of the ten most significant winter storms to affect the UK since the storm naming system was introduced for the 2015/2016 season.

For Storm Malik, the Met Office issued a Yellow Wind Warning on the morning of Friday 28<sup>th</sup> January, and this was upgraded to an Amber Warning later in the day.

An Amber Wind Warning for Storm Corrie was issued on Saturday 29<sup>th</sup> January and was valid for the period of 17.00 on Sunday 30<sup>th</sup> January to 0600 hours on Monday 31<sup>st</sup> January and included the whole of the north of Scotland. Storm Corrie brought further damaging winds, with gusts reaching 92 mph at Stornoway Airport.

The impacts of both storms included numerous fallen trees resulting in loss of power supplies, major disruption on roads and rail services as well as closure of bridges.

A Resilience Partnership activated in Response to deal with the consequences of the power outages across Highlands and to ensure the welfare of people impacted. The RP was chaired by Police Scotland and met 7 times between Sunday 30 January and Wed 2 February. Western Isles Emergency Planning Group (WIEPG) met at least once on Sunday 30 January.

A multi-agency debrief of the response was sponsored by Chief Superintendent Conrad Trickett, Chair of H&I LRP .

### Debrief Methodology

The structured debrief was held on Tuesday 8th March 2022 using MS Teams. The aim of the debrief was to: -

- Identify and recognise what worked well during the response.
- Identify what didn't work well and what the challenges were.
- Identify areas for improvement / make recommendations for enhancing future responses.

The debrief was attended by representatives from Police Scotland, SFRS, HM Coastguard, SSEN, the Met Office, Scottish Government and NHS Highland. Apologies were received from the Highland Council. Partners who were unable to participate in the debrief were invited to submit written contributions.

The debrief session was structured around themes (**Command & Control, Inter-agency Communication, Care for People, Public Communications, Plans/Resources, Recovery**) to assist participants to focus on relevant areas, but this did not negate other relevant issues being raised by partners.

For each theme participants were asked to consider what worked well and what didn't go so well and what recommendations they would make to enhance the multi-agency preparedness and/or response and recovery arrangements in the event of a similar incident occurring in the future.

Where the same issues were raised by multiple partners, comments have been combined and recorded under the most relevant section below.

### Notification & Activation

#### **Main themes of what went well:**

**Met Office warnings, including the timing of them were crucial and enabled partners to share the warnings during office hours.**

- Met Office reported a subtle difference between Malik and Corrie with uncertainty for Corrie and H & I were not subject to the Amber warning until Sat into Sun so in the circumstances partners felt they had correct level of preparation.

#### **Main themes of what was challenging and could be enhanced:**

- H&I partners did not meet ahead of the weekend although this was due to the initial warning not covering their area and while this was considered a measured and appropriate response, an earlier meeting may have raised awareness to out of hours staff.
- Notification procedures out of hours to Highland Council was challenging via the Aberdeenshire Council Contact Centre.
- It was highlighted that normal activation procedures for the PCG were not used on this occasion and this hampered getting the right people round the table initially because an email chain was sent out rather than telephone notification.

#### **Key Areas for Consideration:**

- Out of hours activation procedures for partners including for the Highland Council to be reviewed to ensure they are still accurate in terms of contact numbers and process etc.

## Command & Control

### **Main themes of what went well:**

- Partners are familiar with the Emergency Liaison Group structures. Western Isles Emergency Planning Group (WIEPG) stood up on Saturday for Storm Corrie, although it was noted that this does not necessarily get shared wider. Storm reached Western Isles first then moved over to mainland.
- Resilience Partnership structures put in place were deemed fit for purpose.
- Responding for the Highland area as a whole was easier than having multiple ELG's over days which would have been a drain on resources and responsibilities.
- Subsidiarity was the Highland Region – geography was correct and covered the relevant area. Spirit of right people right time i.e., Red Cross was not needed.

### **Main themes of what was challenging and could be enhanced:**

- There was discussion around the merits of H&I LRP chair leading the whole response rather than just the areas impacted, and it was evident that chairing came down to who was available and it may be done differently for a different response.
- If Met Office warning had been issued earlier and activation had started on Friday there would have been more managers involved.
- Ended up with Resilience Partnership meetings to cover area of the warning; needed one chair instead of standing up multiple ones.

### **Key Areas for Consideration:**

- How partners respond during loss of power and how they will communicate.

## Interagency Communications

### **Main themes of what went well:**

- Activating the NHS Highlands Comms team was initially delayed as the message was sent via email rather than the Raigmore 24/7 number.
- On Sunday, HC ward Managers and roads managers came into the Police Station to work together.
- Co-locating in such a manner was beneficial and helped to triage the calls and save time.

### **Main themes of what was challenging and could be enhanced:**

- Highland Council Call Centre crashed due to volume of calls. Calls were being made to Police/ BEAR Scotland and LAs due to fallen trees. Staff were struggling with calls on the Sunday.
- SSE Call Centre couldn't keep up with volume of calls and had to re-deploy call takers.

### **Key Areas for Consideration:**

- While it was discussed that in future, early consideration of implementation of Business Continuity Plans for both NHS Highland and SSE might be useful, NHS H responded using business-as-usual arrangements and BCPs were not activated.
- Personal Resilience for people who rely on a battery/mains operated medical devices during an extended loss of power needs explored.
- There requires to be a process for agreement at outset of a response as to what number to call i.e., 101 or Local Authorities. This must be shared with the comms lead.

### **Public Communications**

#### **Main themes of what went well:**

- Partners felt that they did not need to escalate communications plans which were already in place.

#### **Main themes of what was challenging and could be enhanced:**

- Early identification of the lead agency.
- Ensuring all partners have provided representation.

#### **Key Areas for Consideration:**

- None identified.

### **Care for People (CfP)**

#### **Main themes of what went well:**

- Arrangements were put in place for HM Coastguard to support NHSH Care and Home staff to complete their visits during extreme weather however these arrangements did not need to be activated.



- The Highland Hub (NHS call centre for monitoring alarms etc.) was well utilised and provided Situational Awareness with direct links to SSEN to support those vulnerable and with additional needs.
- SSEN worked well with NHS Highland.
- Communities were supported by a range of services provided by SSEN, Highland Council and NHS Highland.
- The majority of NHS H and Highland Council services utilised BAU mechanisms supported by SSEN.

### **Main themes of what was challenging and could be enhanced:**

- Power outages were in a variety of small pockets across rural areas and therefore it was difficult to provide welfare support for all affected.
- Lack of situational awareness around battery equipment for vulnerable people in particular for supporting Care homes. Generators have limited longevity.
- People self-alerted SSEN and NHS when battery operated medical devices began to run out of power, in some cases with only a few hours left. SSEN didn't have spare generators to provide support and NHS do not hold additional supplies.
- Wider question of Care for People issues needed to be honest and transparent in terms of restoration times and support with provision of food vans etc.
- Some people had had no power for 48 hours and general CfP issues escalated as faults continued – this was tracked by NHS area teams/Highland Hub and SSEN.
- There was a perception that Care for People issues were left to SSE to address; however, as SSEN highlighted vulnerable areas, these were fed back into the Highland Hub for action.
- Chair of LRP felt he did not have an overview of wider CfP issues although this may have been because NHS were working within existing BAU resources.
- There was no clear escalation for deciding at what point SSEN needed support with Care for People Issues.
- Response was quite challenging in terms of activation of Highland Council by SSEN via their call centre.

### **Key Areas for Consideration:**

- Develop plans to support a Highland wide Care for People response.

- RP to consider a strategy for Care for People (e.g. deem that anyone off power for 48 hours becomes classed as vulnerable) and one which compliments the CfP strategy recognised by NHS and HC.
- SSEN to establish list of providers willing to provide hot food etc.
- Consider very local responses for welfare i.e., village halls for welfare centres etc. NHS to continue to work with Care at Home providers and family carers to develop their ability and capacity to support people who have additional needs during an incident.
- Consider process to ensure LRP has Shared Situational Awareness of what is happening across the area of the response including ongoing local resolutions / welfare.

## Plans & Resources

### **Main themes of what went well:**

- Meetings were time efficient and well managed with open and honest conversations with timeliness in sending out notes following meetings.
- This allowed Scottish Water to feed back to their Incident Control Team, who in turn feed into operational teams in areas affected.
- NHS Highland were grateful to partners who worked well together during the incident.

### **Main themes of what was challenging and could be enhanced/ Key Areas For Consideration:**

- At the outset of the response there was only one SG Co-ordinator for 3 LRP's and meeting times tended to be at same time.
- Challenge of co-ordinating meetings across one RRP especially when there is a need to attend more than one LRP meeting was highlighted by National Agencies, in particular Scottish Water.

## Recovery

### **Main themes of what went well:**

- LRP stood down at the appropriate time with agreement that the natural home of recovery was with Local Authority and with some agencies under business as usual.

### **Main themes of what was challenging and could be enhanced/ Key Areas For Consideration:**

- Nothing raised.

**Recommendation: -**

Highlands and Islands LRP to consider this report and determine any actions required to address issues raised by the debrief.

**Debrief Facilitated by:**

Fay Tough: Regional Resilience Coordinator  
Scottish Government

Date of Draft Report: Tuesday 29 March 2022

Date of Final Report: Monday 11 April 2022

## Annex 2 – Proposed Highland Care for People Group Terms of Reference – August 2022

### **Context**

Helping people to cope with the immediate and longer-term personal impacts of emergencies is a vital part of effective incident management and the ability of responders to support those whose lives have been impacted, will have profound impacts personal recovery journeys as well as determining the overall success of the response.

The multi-agency Highland Care for People Group (HCfP) has been convened under the umbrella of the Highlands and Islands Local Resilience Partnership (HI LRP) to address these issues by shaping and informing the local Care for People agenda.

The Group takes a whole system approach and by working in partnership, seeks to support the development and implementation of appropriate CfP strategies and policies across the Highlands.

### **Aim and Objectives**

#### **Aim**

- To support the preparation and delivery of Care for People before, during and after emergencies and major incidents

#### **Objectives:**

- Meet quarterly or otherwise as required
- Develop and maintain the Highland Care for People Strategy and Guidance to support the effective governance of risk.
- Ensure strategies and policies reflect appropriate legislation, guidance, and learning.
- Support Emergency Liaison Group Care for People teams to respond following disruptive events through co-production with local chairs.
- Support local Care for People groups to develop and deliver their local approach in line with local risks
- Set and agree a quality assurance framework and to receive reports on progress from the Chairs group
- Ensure LRP training and exercise activities reflect Care for People issues
- Support partners to deliver their legislative responsibilities
- Report to the HI LRP on progress, risks, and barriers
- Update the Highland Community Planning Partnership Board, Public Protection Chief Officers Group, Highland Outcome Improvement Plan Chief Officers Group and local Community Planning Partnerships every six months

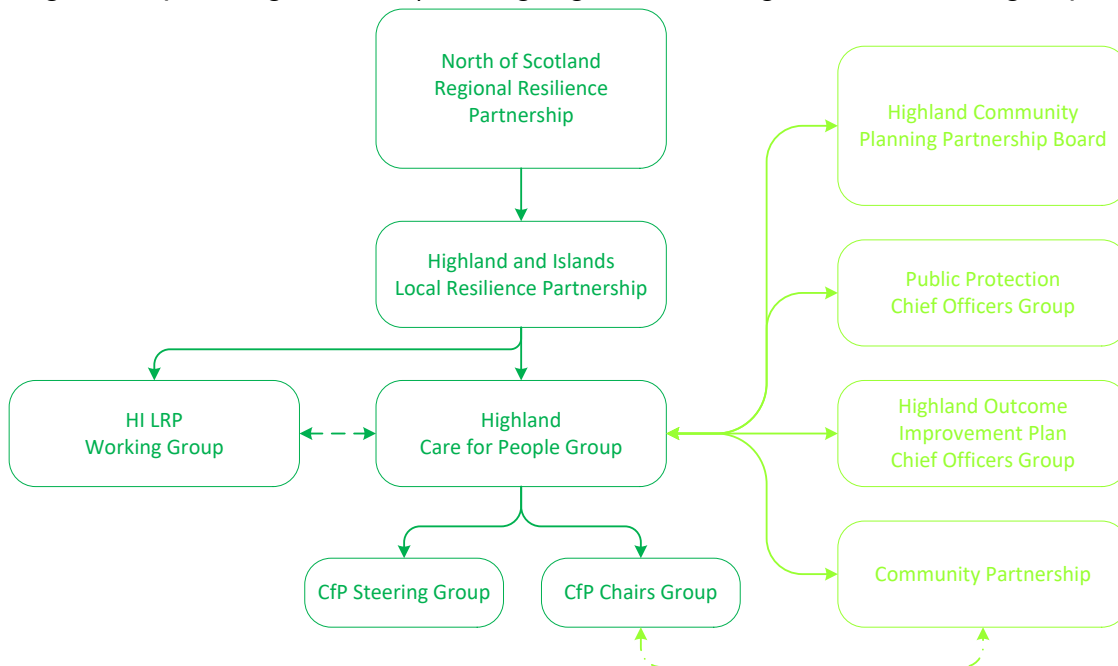
### **Governance**

The HCfP aspires to bring together several complementary workstreams through a combination of formal governance (via HI LRP) and common memberships (examples shown in grey). The Group takes strategic oversight of the CfP agenda in the Highland area and will be

- informed by outputs from the HI LRP Working group,
- supported by a Steering Group (Short Life) and
- enabled by the CfP Chairs Group comprising of the local CfP Team leads.

## Planning Phase

During the planning phase, governance is as shown below – dark green shows direct links (civil contingencies planning activities) with light green showing links into wider groups.



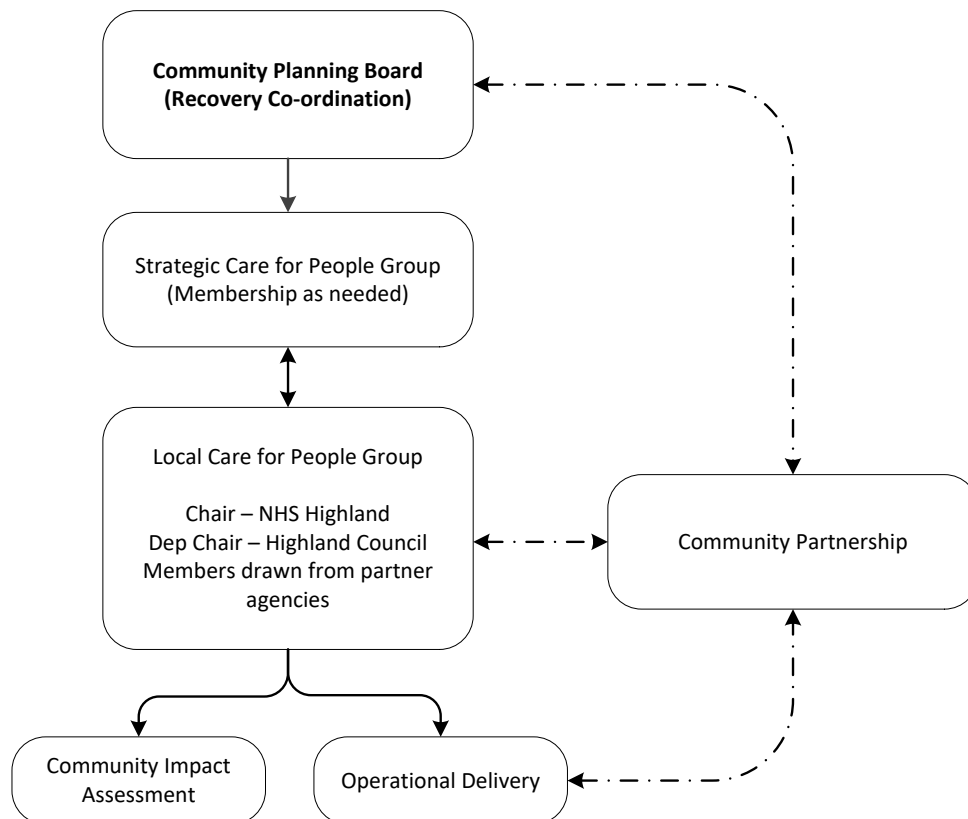
## Emergency Response

During the immediate (response) phase governance is as below



## Longer term response and recovery

During a longer-term community response (including recovery), governance is based on the principles shown below. An additional aspect is added during this phase as the wider H CfP group is brought in to assist to the local response and to provide access to specialists if needed. The local CfP team remain as the lead. As with all responses to emergencies, the exact constitution of the groups may change and develop to reflect the evolving community needs, but the principles should remain relatively consistent.



## Administration

- Highland Council Business Support, Corporate Resources will provide the secretariat of the group, and produce minutes of meetings and separate Action Log.
- Agenda items with papers for the meeting should be submitted to the Chair at least 10 working days prior to the meeting.
- Agenda and papers will be circulated 5 working days in advance of the meeting.
- Work as agreed by the Group will be allocated to named individuals to take the lead, with specific timescales for completion.
- From time-to-time short life working groups may be established from group membership to task forward specific tasks.

## Membership

Head of Integrated Children's Service	Highland Council (Co-chair)
Head of Resilience	NHS Highland (Co-chair)
Head of Policy and Reform	Highland Council
Partnership Superintendent	Police Scotland
Chief Officer Highland Community	NHS Highland
Group Manager	Scottish Fire and Rescue Service
Customer Relationships Manager	Scottish and Southern Electricity Networks
EP Specialist Advisor	Scottish Water
Chief Officer	Highland Third Sector Interface
Director of Public Health	NHS Highland
Director of Adult Social Care	NHS Highland
Head of Housing	Highland Council
Resilience Co-Ordinator	Scottish Government
Senior Ward Manager	Highland Council
Resilience Officer	Highland Council
Senior Emergency Response Officer	British Red Cross

## Annex 3 – Risk Preparedness Assessment

In April 2024 the North of Scotland RP published their Risk Preparedness Assessments (RPA). These reports are generated by the National RPA Steering Group with members from SFRS, Scottish Government Senior Regional Resilience Coordinators and Risk Policy officers and are based on the UK National Security Risk Assessment (NSRA) and the Scottish Risk Assessment (SRA). It is developed across a two -year cycle. The NoS RPA supports the public facing [NoS Community Risk Register](#).

<b>Impact of the RWCS (Limited to Catastrophic)</b>	5				❖ Pandemic Influenza-type Disease (SRA 2018)	
	4	❖ Reservoir Dam Collapse (SRA 2020)	❖ Attack on UK Electricity Infrastructure, Conventional or Cyber (NSRA 2019)	❖ NETS Failure (SRA 2020)	❖ Cold and Snow (SRA 2020)	❖ Marauding Terrorist Attack (NSRA 2019)
	3		❖ Large Toxic Chemical Release (NSRA 2019)	❖ Surface Water Flooding (SRA 2020) ❖ Emerging Infectious Disease (SRA 2018)	❖ Storms and Gales (SRA 2020) ❖ Food Supply Contamination (SRA 2020)	❖ Cyber Attack – Health and Social Care (NSRA 2019)
	2		❖ Heatwave (SRA 2020)	❖ Coastal Flooding (SRA 2020) ❖ Fluvial Flooding (SRA 2020) ❖ Drought (SRA 2020) ❖ Landslide (SRA 2020) ❖ Wildfire (SRA 2020)	❖ Animal Disease (SRA 2020)	
	1			❖ Cyber Attack – Telecomms (NSRA 2019)		
	<b>Low likelihood</b>	<b>Likelihood of the RWCS</b> (SRA methodology – Probability over 5 years; NSRA methodology – Probability over 2 years)				<b>High likelihood</b>